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Enrollment Requirements

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20.000 ENROLLMENT REQUIREMENTS

20.100 Preface

ADHS/CRS serves individuals from birth to 21 years of age who reside in the State of Arizona and who have a CRS condition. CRS conditions and excluded conditions are detailed in Chapter 30.000. This section presents information on the eligibility and enrollment requirements for the CRS program. It describes:

1. The eligibility determination process:
 - A. Preliminary determination of medical eligibility,
 - B. Age requirements,
 - C. Residency requirements, and
 - D. Citizenship requirements;
2. Enrollment documentation requirements for:
 - A. Applicants enrolled in Title XIX/XXI programs and
 - B. Non-Title XIX/XXI applicants;
3. Enrollment interview;
4. Attendance at an enrolling clinic visit, and
5. Income and payment responsibility determinations.

20.200 Referral to CRS

Referrals to ADHS/CRS are initiated by submitting a CRS Application Form. The CRS Application Form can be obtained from many sources including physicians' offices, the web (www.azdhs.gov/phs/ocshcn, click on CRS, and then click on CRS Referral Form in English or Spanish) and the CRS Regional Contractor locations. The CRS Application Form may be faxed, mailed, or delivered in person to one of the CRS Regional Clinics.

1. The CRS Application Form shall contain the following:
 - A. The name, address, and phone number of the referral source;
 - B. The relationship of the person completing the application to the applicant;
 - C. The name and sex of the applicant;
 - D. If the applicant is a child, the name of at least one parent of the applicant;
 - E. The address and phone number (home and work, if applicable) of the applicant or, if the applicant is a child, the address of at least one parent of the applicant;

- F. If known to the referral source:
 - 1) The applicant's date of birth;
 - 2) The applicant's diagnosis; and
 - 3) The applicant's primary care physician or, if the applicant does not have a primary care physician, the name of a health care organization at which the applicant receives medical care; and
 - 4) If the individual previously received covered CRS medical services the year in which the individual received the services, and the CRS Regional Contractor responsible for providing the services.
- 2. Documentation to accompany application form:
 - A. For an applicant who is enrolled in Title XIX or Title XXI has other health insurance, or does not have health insurance but has been evaluated by a physician, the following are required:
 - 1) Documentation from a physician who has evaluated the applicant, stating the medical diagnosis the physician gave the applicant;
 - 2) Diagnostic test results that support the medical diagnosis the physician gave the applicant.
 - B. If the applicant is not enrolled in Title XIX or Title XXI, or other health insurance, and if a physician has not evaluated the applicant, documentation of the reason the referral source believes the applicant may be eligible for CRS.
 - C. If the applicant is not enrolled in Title XIX or Title XXI, or does not have other health insurance, and has been evaluated by a physician:
 - 1) Documentation from the physician who evaluated the applicant, stating the individual's diagnosis made by the physician; and
 - 2) If available, diagnostic test results that support the applicant's diagnosis.

20.300 Eligibility Requirements

20.301 Age

An individual must be under twenty-one years of age.

20.302 Citizenship

An individual must:

- A. be a U.S. citizen;
- B. be a qualified alien who meets the requirements of A.R.S. § 36-2903.03(B); or

- C. be a non-documented alien who was enrolled in CRS prior to August 5, 1999.

20.303 Residency

An individual who is a resident of Arizona and intends to remain in Arizona.

20.400 Preliminary Determination of Medical Eligibility

The CRS Application Form and any required medical documentation (see Section 20.200) shall be completed and submitted to the CRS Regional Contractor for a preliminary determination of medical eligibility.

CRS Regional Medical Director or designee will review the Application Form and medical records, if available, to determine medical eligibility based on the conditions identified in Chapter 30 of this manual.

With regard to a Title XIX/Title XXI program member, the CRS Regional Medical Director shall respond promptly to an urgent request from an ALTCS/Acute Care Contractor Medical Director to discuss a member's medical eligibility for CRS and specific medical circumstances relative to enrollment.

20.401 Notification of Preliminary Determination that an Applicant May be Medically Eligible

1. If the CRS Regional Medical Director or designee makes a preliminary determination that an applicant may be medically eligible for CRS, the CRS Regional Contractor shall, within 14 calendar days from the receipt of the completed CRS referral, notify the referral source; applicant, or if a minor, the applicant's parent; and, in the case of applicants enrolled in Title XIX/ XXI programs, the applicant's ALTCS/Acute Care Contractor and referring physician in writing of the determination.
2. The following is included with the written determination:
 - A. Authorization for an initial medical evaluation at a CRS clinic for final determination of medical eligibility for CRS;
 - B. Notice that the applicant/family is required to have an enrollment interview before or on the day of the initial medical evaluation;
 - C. The address and telephone number of the CRS Regional Clinic that received the referral; and
 - D. The address, date, and time of the applicant's initial evaluation appointment and the procedure for rescheduling the appointment if the applicant is unable to keep the scheduled appointment. (The initial evaluation appointment must be scheduled for a date within

30 calendar days of the notification of preliminary medical determination.)

- E. An overview of CRS; and
- F. A list of documentation to be brought by the applicant/family to the enrollment interview:
 - 1) For applicants enrolled in Title XIX/XXI programs, the notification will instruct them to bring the following to the enrollment interview:
 - a. The applicant's AHCCCS ID Card;
 - b. A photo identification of the applicant, or if the applicant is a minor, of the parent or guardian;
 - c. Guardianship papers (if applicable), and
 - d. An insurance card if the applicant has other insurance in addition to AHCCCS coverage.
 - 2) Applicants not enrolled in Title XIX/XXI programs should bring proof of eligibility and documentation required for a financial screening and classification.
 - a. A list of the items accepted as proof of eligibility is to accompany the notification (See Section 20.503);
 - b. A list of the required records for the financial screening (See Section 20.502); and
 - c. Notification that the application will be withdrawn after the initial evaluation, if the applicant does not supply the proof of eligibility and financial status within 10 days of the visit, with the option that the applicant may re-apply.
 - d. If Arizona Department of Economic Security (DES)-FAA eligibility representatives are not present at the CRS Regional Contractor site, the CRS staff are to assist the applicant with completing Medical Assistance application forms and submitting them to DES-FAA.

Prior to a Medical Assistance application being submitted to FAA, ensure that the applicant has signed and dated the application. Gather the necessary verifications, e.g., income, citizenship, identity, age, address. Citizenship verification may be copied by the CRS designee, but the copies must

be stamped DES-Copy of Original, and include the date and name of the person making the copies. The CRS designee will fax the completed application, any copies of verification, and the completed *Children's Rehabilitative Services (CRS) Referral Application Process Turn Around Document (TAD)* (Attachment A) to the FAA local office which serves the applicant's zip code within 24 hours of receipt. The TAD is a form used to expedite CRS applications. With the use of the TAD, eligibility will be determined within 10 business days of receipt of the application in the local office versus the standard 45 business days. The applicant will be contacted by FAA if additional information or verification is required.

Once the eligibility determination has been completed by FAA, a notice will be sent to the applicant. FAA will complete the DES portion of the TAD received from CRS and fax it to the CRS designee at the fax number listed on the TAD.

20.402 Incomplete Application

1. If a CRS Regional Medical Director or designee receives an incomplete application and is unable to make a preliminary determination for medical eligibility, the CRS Regional Contractor shall, within 14 calendar days from the receipt of the incomplete application, send a written notice to the referral source; applicant or parent; and, if the applicant is enrolled in a Title XIX/XXI program, the ALTCS/Acute Care Contractor, which shall:
 - A. Identify the missing documentation or information the CRS Regional Contractor requires for a preliminary determination of medical eligibility for CRS to comply with A.R.S. § 41-1092.03;
 - B. Request the missing documentation or information be submitted to the CRS Regional Contractor within 30 calendar days from the date of the notice; and
2. If the CRS Regional Contractor does not receive the requested documentation or information within 30 calendar days from the date of the notice, the CRS application shall be considered withdrawn.
3. If the CRS Regional Contractor receives the requested information within 30 calendar days from the date of notice, the CRS Regional Contractor shall determine whether the individual is eligible for CRS and notify the referral source; applicant, or if a minor, the applicant's parent; and, if the applicant is enrolled in a Title XIX/ XXI programs, the ALTCS/Acute

Care Contractor in writing of the determination within 14 calendar days from the receipt of the requested documentation/information.

20.403 Medical Eligibility Denial

1. If a Regional Medical Director determines that an applicant is not medically eligible for CRS, the CRS Regional Contractor shall, within 14 calendar days from the receipt of the completed application, send a written notice that the applicant is not medically eligible for enrollment in CRS to the applicant/family and the referral source. The notice will include instructions on how the applicant can request an Administrative Hearing (see Section 20.1100).
2. For Title XIX/ XXI enrolled members a copy of the denial notification must be sent to the ALTCS/Acute Care Contractor and referring physician within 5 days of the denial.

20.404 Data Sharing with ALTCS/Acute Care Contractors

In addition to sending copies of the medical eligibility notices discussed above to the ALTCS/Acute Care Contractors for Title XIX/ XXI enrolled applicants, the Regional Contractors will exchange data, as specified by the AHCCCS/CRS Task Force, with the ALTCS/Acute Care contractors.

20.500 Proof of Eligibility and Financial Application and Documentation Required for Applicants Not Enrolled in Title XIX/XXI Programs

An applicant not enrolled in Title XIX/XXI programs, who refuses to cooperate in the eligibility screening and financial application process will have the CRS application withdrawn and shall not be considered eligible for CRS services. The family/applicant will be informed that they may re-apply to CRS when they are prepared to complete the application process.

20.501 Financial Application Form

1. Non-Title XIX/XXI CRS applicants who meet the preliminary determination for CRS medical eligibility and seek to apply for CRS shall submit to a CRS Regional Contractor a financial application containing the following:
 - A. The applicant's name, address, telephone number, and/or message number;
 - B. If the applicant is a child, the name, address, telephone number, message number, employer/work address if applicable, of at least one parent of the applicant;

- C. The applicant's social security number if the applicant has a number;
 - D. Whether the applicant is covered by health insurance;
 - E. If the applicant is covered by insurance:
 - 1) The primary company's name, billing address, and telephone number; and
 - 2) The applicant's policy or plan number, ID number, group name, group number, end date and coverage type;
 - F. If the applicant has secondary insurance:
 - 1) The secondary insurance company's name, billing address, and telephone number; and
 - 2) The secondary insurance company policy or plan number, ID number, group name, group number, end date and coverage type.
 - G. Number and identification of members in the household.
2. The financial application shall be signed and dated by the applicant or, if the applicant is a child, the signature of at least one parent of the applicant.

20.502 Documentation to Determine Financial Classification

- 1. Applicants not enrolled in Title XIX/ XXI programs shall bring the following documentation to the enrollment interview:
 - A. Documented evidence of all unearned income received by an individual, such as cancelled checks or court orders for child support payments;
 - B. Documented evidence of all medical expenses incurred by an individual and paid during the 12 months before the date on the application form; and
 - C. Documented evidence of all unpaid medical expenses.
 - D. If an individual in the household is employed, supply copies of the individual's:
 - 1) Pay stubs for the 30 calendar days before the date on the applicant's application forms;
 - 2) Most recent W-2 form; and
 - 3) Federal tax return most recently filed by the individual.
 - E. If an individual in the household income group is self-employed, the individual's:

- 1) Federal tax return, including a schedule C, most recently filed by the individual; and
 - 2) Most recent quarterly financial statement signed and dated by the individual.
- F. Documentation of any dependent care expenses.
- G. Documentation of any employee expenses.
2. In addition, if applicable, the applicant shall also bring documented evidence of:
 - A. Any court award or settlement related to the applicant's CRS condition, and any expenditures from the court award or settlement made for medical services.

20.503 Proof of Eligibility for Applicants not Enrolled in Title XIX/ XXI programs

1. Applicants who **are not** enrolled in Title XIX/ XXI programs, who meet the preliminary determination for CRS medical eligibility, and seek to apply for CRS shall present to a CRS Regional Contractor proof of eligibility as follows:
 - A. One of the following as proof of age:
 - 1) A hospital record of birth;
 - 2) A certified copy of a birth certificate;
 - 3) A military record;
 - 4) A notification of birth registration;
 - 5) A religious record;
 - 6) A school record;
 - 7) An Immigration and Naturalization Service record;
 - 8) A federal or state census record; or
 - 9) A United States passport.
 - B. One or more of the following as proof of meeting the citizenship requirement:
 - 1) A certified copy of a U.S. birth certificate;
 - 2) A naturalization certificate reflecting U.S. citizenship;
 - 3) A current or expired U.S. passport;
 - 4) A certificate of U.S. citizenship;
 - 5) A U.S. Citizen ID card used by USCIS;

- 6) A final adoption decree;
 - 7) An extract of a U.S. hospital birth record established at the time of birth (must have been created at least 5 years before initial AHCCCS application date); or
 - 8) A life, health, or other insurance record showing U.S. place of birth (must have been created at least 5 years before initial AHCCCS application date).
- C. One of the following as proof of residency in the form of:
1. A rent or mortgage receipt for property located in Arizona, where the applicant lives;
 2. A lease for property located in Arizona where the applicant lives;
 3. A written statement confirming residence at an Arizona nursing care institution under A.R.S., Title 36, Chapter 4, signed by the administrator of the Arizona nursing care institution;
 4. An unexpired Arizona motor vehicle operator's license;
 5. A current Arizona motor vehicle registration, issued within 12 months from the date of an application for enrollment in CRS;
 6. Pay stub from an Arizona employer;
 7. A utility bill for property in Arizona, where the applicant lives;
 8. A current phone directory listing for a telephone located at property in Arizona;
 9. A United States Post Office record reflecting an Arizona residence;
 10. A certified copy of a church record reflecting an Arizona residence;
 11. A certified copy of a school record reflecting an Arizona residence; or
- If none of the documents in subsections (C1) through (C11) are available; and the applicant/individual resides in Arizona, the applicant, or if the applicant is a minor, the applicant's parent or legal guardian, signs an affidavit certifying the individual is currently an Arizona resident and intends to remain in Arizona.

20.600 Enrollment Interview for New Applicant

Every CRS applicant, or if the applicant is a minor, the parent of the applicant, shall participate in an enrollment interview with a designated CRS Regional Contractor or designee. The CRS Regional Contractor or designee shall conduct the enrollment interview in the manner that is most efficient, timely, and considerate of the applicant/parent needs.

20.601 Enrollment Interview Requirements for a Title XIX/ XXI Enrolled Applicant

1. The interview will consist of a comparison of the information and documentation presented by the applicant (AHCCCS ID, parent photo ID, any other insurance cards and applicable guardianship papers) to information in the AHCCCS PMMIS system. If the applicant presents information that is inconsistent with PMMIS, the Regional Contractor may assist the member in resolving the issue with DES (Title XIX) or AHCCCSA (Title XXI) but should rely on PMMIS as the authoritative source when submitting member information to CRSA.
2. If the CRS Regional Contractor is able to verify that the applicant is enrolled in Title XIX/XXI and under 21 years of age according to PMMIS, the CRS Regional Contractor shall consider the applicant eligible for enrollment into CRS pending the diagnosis verification through the first clinic visit.
3. If the CRS Regional Contractor verifies Title XIX/ XXI program membership but finds the applicant to be over 21 years of age, the CRS Regional Contractor or designee shall:
 - A. Send a written notice of denial to the applicant/parent with instructions on how to request an Administrative Hearing;
 - B. Rescind the authorization for the applicant's initial CRS clinic visit; and
 - C. Notify the ALTCS/Acute Care Contractor of the CRS denial due to the applicant being over 21 years of age.
(Refer to ACOM Policy 409)
4. AHCCCS enrollees shall not be required to sign a payment agreement for CRS covered services, but shall be required to sign an Assignment of Benefits Agreement.

20.602 Enrollment Interview Requirements for Applicants Not Enrolled in Title XIX/ XXI Programs:

1. All non-Title XIX/XXI applicants must participate in the enrollment interview and, if they are determined through the interview to be

potentially eligible for Title XIX or Title XXI programs, they must apply for those programs before they can be accepted into the CRS program.

2. The Enrollment Interview will begin with a review of the evidence provided by the applicant to prove age, citizenship, and residency.
 - A. If the CRS Regional Contractor or designee determines that the applicant does not meet the age, citizenship, and residency requirements for CRS, the CRS Regional Contractor or designee shall:
 - 1) Send a written notice of non eligibility to the referral source, applicant/parent/guardian; and
 - 2) Rescind the authorization for the applicant's initial CRS enrollment visit.
3. If the Regional Contractor finds that the applicant meets the requirements for age, citizenship and residency, the Contractor will begin the financial screening which will consist of:
 - A. Determining applicant/family's adjusted gross income as detailed in Section 20.603, 5.;
 - B. Dividing the adjusted gross annual income as determined above by 12 to arrive at a household monthly income amount for comparison with the AHCCCS Eligibility Requirements found on the AHCCCS web page under Members and Applicants/Income Requirements.
 - 1) If the applicant's household income falls into the KidsCare (Title XXI) Category on the Eligibility Requirements chart, then the Special Requirements on the chart will be matched against the information supplied by the applicant regarding employment and insurance, and if the applicant appears to meet the requirements, the applicant will be referred to AHCCCSA to complete a KidsCare application process.
 - 2) If the applicant falls into any of the AHCCCS (Title XIX) income categories for children, women, families or individuals based on the Regional Contractor's preliminary financial review, the application process for Title XIX through the Department of Economic Security (DES) enrollment will be explained, and the applicant/family will be given the option of completing the Medical Assistance Application at the CRS Regional Contractor site.
4. If the applicant is scheduled for an initial enrollment clinic visit on the same day as the CRS financial interview and has been unable to provide

Comment [KMJ1]: This is all in 20.603

information to complete financial screening, the applicant/family will be advised they:

- A. May attend the initial enrollment clinic appointment;
 - B. May be financially responsible for any diagnostic testing; and
 - C. Will not be allowed future clinic visits until the financial eligibility is complete.
5. If the applicant does not complete the Medical Assistance Application at the CRS Regional Contractor Site, the applicant shall be advised to notify DES, for Title XIX, or AHCCCSA, for Title XXI, that he or she is a CRS applicant when completing the application process to prevent delays in CRS enrollment. Applicant must submit a completed application to the Department of Economic Security or the AHCCCSA within 10 working days of the CRS enrollment interview.
 6. All medical assistance applications completed at the CRS Regional Contractor site should be stamped on page one with a "CRS" stamp to clearly identify the applicant as CRS eligible.
 7. If the applicant/family chooses to complete the Medical Assistance Application at the CRS Regional Contractor site, the CRS Regional Contractor or designee shall assist the applicant in completing the application using DES criteria for earned and unearned income and income deductions and:
 - A. The CRS Regional Contractor shall contact the DES representative to assist in determining Title XIX eligibility on the same day as the CRS financial interview; and
 - B. When DES cannot determine eligibility on the same day as the applicant's CRS financial interview, the CRS Regional Contractor will follow-up in ten (10) business days from the date of the referral by checking the AHCCCS PMMIS system or DES Interactive Voice Response (IVR) system for eligibility status. If the status is un-determined, the applicant's DES representative shall be contacted to determine medical assistance, eligibility/enrollment.
 - C. If the member's eligibility status in PMMIS or the DES IVR system is un-determined at that point, the Regional Contractor shall follow up with DES again within thirty (30) days to check the status of enrollment.
 - D. If found ineligible for Title XIX due to excess income, the application shall be referred by DES to Kids Care to check for potential eligibility.

8. For the applicant/family found to be potentially eligible for Title XXI (Kids Care), and whose application was forwarded to AHCCCSA, the Regional Contractor shall contact a representative from the Title XXI (Kids Care) office within ten (10) business days following the referral to Title XXI to determine eligibility/enrollment. If Title XXI (Kids Care) status remains un-determined, the Regional Contractor shall follow up within thirty (30) days to check the status.
9. For tracking and reporting referrals, the Regional Contractors shall use the forms supplied by CRSA according to the directions from CRSA.
10. If the applicant is not financially eligible for Title XIX or Title XXI programs, the CRS Regional Contractor or designee shall complete the financial eligibility interview according to the CRS program standards to determine member payment responsibility. These applicants may take additional income deductions, beyond those allowed in determining Title XIX or XXI eligibility, to calculate their adjusted gross household used to determine their State Only financial category. These deductions are:
 - A. Health insurance premiums paid by the household income group within the previous twelve months.
 - B. Unpaid medical and dental expenses incurred by any individual in the household income group prior to the date of application or at the time of redetermination, which are the household's responsibility and not subject to any applicable third party payment.
 - C. Medical and dental expenses paid directly by the household income group for any household individual during the twelve months prior to the date of application and not subject to any applicable third party payment.
11. If the applicant/parent fails to provide financial information or documentation as requested to the CRS Regional Contractor or designee, within 10 business days after the initial financial interview, the CRS Regional Contractor shall consider the application to CRS withdrawn and notify the applicant/parent in writing that they can reapply to the CRS program.
12. If an applicant is found to be potentially eligible for ALTCS, the CRS Regional Contractor or designee shall assist the applicant/family with the ALTCS referral process. If the applicant is later deemed ineligible for ALTCS, the applicant/family shall remain eligible for CRS services according to the initial payment agreement, and Paragraph 10 above shall apply.

20.603 Adjusted Gross Income

1. Household Income Group

In order to calculate the CRS applicant's or member's payment responsibility, use the income of the applicant's or member's household. (See A.A.C. R9-7-602) The following individuals, when residing together, constitute a CRS household income group:

- 1) A married couple and children of either or both parents;
- 2) An unmarried couple and the children of either or both parents;
- 3) A married couple when both are over the age of 21 years;
- 4) A married couple when either one or both are under age 21 years with no children;
- 5) A single parent and his/her children;
- 6) An applicant or a member between the ages of 18 years and 21 years;
- 7) A child who does not live with his/her parent; and
- 8) An individual who is absent from a household shall be included in the household income group if absent:
 - a. For 30 days or less;
 - b. For the purpose of seeking employment or to maintain a job;
 - c. For service in the military; or for an educational purpose and the applicant's parent claims the child as a dependent on the parent's income tax return;
- 9) The following individuals shall also be included in a household income group when the child is not living in the household:
 - a. The individual contributes to the income of the household;
 - b. The parent of the child claims the child as a dependent on the parent's income tax return for the current year; or
 - c. If the parents do not claim the child as a dependent for tax purposes and the child lives with an individual other than the parents, the household income group is the individual's household with whom the child lives.

2. Unearned Income

Unearned income is defined as monies received for which no labor was expended. When payment from any unearned income source is reduced due to a prior overpayment, only the portion actually received will be considered. The following list includes types of unearned income, which, unless otherwise specified, shall be counted in the month of receipt. The list also includes exclusions or other treatment of unearned income amounts that vary depending on whether the program applied for is Title XIX or Title XXI.

- 1) Agent Orange settlement fund payments are excluded.

- 2) Alaska Native Regional and Village Corporation Payments. Exclude the first \$2,000 per calendar year for Title XIX and Title XXI persons.
- 3) Aleutian and Pribilof Islanders Relocation Payments are excluded.
- 4) Alimony or Spousal Maintenance payments are counted as unearned income. Alimony or spousal maintenance payments are court-ordered support payments, which a legally divorced or separated person pays to the spouse.
- 5) AmeriCorps Network Program benefits are excluded.
- 6) Assistance Payments are excluded. Assistance Payments are payments received from Arizona or Temporary Assistance for Needy Families (TANF) payments from another state. Arizona assistance payments programs include, but are not limited to, TANF, General Assistance, Tuberculosis Control, and Emergency Assistance.
- 7) Bureau of Indian Affairs (BIA)
 - a. BIA General Assistance Payments are considered to be public assistance payments and are excluded.
 - b. Tribal Work Experience Program or Tribal Assistance Project Program. The portion of the income, which is an incentive payment, is disregarded.
 - c. BIA or Tribal Work Study Program provides for educational and living expenses. Only payments for living expenses, which are paid directly to the student, are counted as unearned income.
- 8) Burial benefits dispersed solely for burial expenses.
- 9) Child Support is any payment received from an absent parent. Child support does not have to be court ordered. An amount in excess of \$50.00 per child of child support received in a given month shall be counted as unearned child support income.
- 10) Cash contributions from agencies or organizations other than the ADHS or AHCCCS are excluded if the contributions are not intended for the following items:
 - a. food;
 - b. rent or mortgage payments for shelter;
 - c. utilities;
 - d. household supplies such as bedding, towels, laundry, cleaning, and paper supplies;
 - e. public transportation fares for personal use;
 - f. basic clothing or diapers; or
 - g. personal care and hygiene items, such as soap, toothpaste, shaving cream, and deodorant.
- 11) Contributions and Complementary Assistance

- a. Cash contributions from relatives and other persons shall be counted as unearned income if not considered as gifts or child support.
 - b. A household member who is receiving SSI may voluntarily contribute to the household. In order for this contribution to be considered unearned income:
 - i. The contributor shall not be a person whose income would be required to be included in the individual/family's adjusted gross income if he/she were not receiving Supplemental Security Income (SSI);
 - ii. The contributor's income is not otherwise considered available to be included in the individual/family's adjusted gross income; or
 - iii. The contribution shall be for other than the contributor's share of household expenses.
- 12) Disaster Assistance.
 - 1. For Title XIX (Medicaid) payments are excluded;
 - 2. For Title XXI (Kids Care) payments are counted as unearned income.
 - 13) Earnings from high school on-the-job training programs are excluded.
 - 14) Earned income of a dependent child who is a student enrolled and attending school at least half-time as defined by the institution is excluded.
 - 15) Educational Benefits. The amount of the loan, grant or scholarship remaining after subtracting applicable deductions is averaged over the period of months which the loan, scholarship, or grant is intended to cover. The resulting monthly income shall be counted as unearned income.
 - 16) Educational grants or scholarships funded by the United States Department of Education or from a Veterans Education assistance program or the Bureau of Indian Affairs student assistance program are excluded.
 - 17) Energy Assistance Payments from federal government programs that provide assistance to prevent fuel-cut offs and promote energy assistance are excluded.
 - 18) Fair Labor Standard Act supplemental payments are excluded.
 - 19) Food Stamps and other food programs are excluded.
 - 20) Foster Care Payments.
 - a. Payments are excluded for Title XIX (Medicaid);
 - b. Payments are counted as unearned income for Title XXI (Kids Care).

- 21) Emergency Assistance Payments received directly by an applicant or recipient of TANF are excluded.
- 22) Housing Assistance from U.S. Department of Housing and Urban Development (HUD) is excluded.
- 23) Indian Gaming Profit Distribution is counted as unearned income.
- 23) Indian Payments to Specific Native American Tribes or Groups under Public Law are excluded.
- 24) Individual Development Account. Funds set aside in an individual Development Account under A.A.C. R6-12-404 are excluded.
- 25) Industrial Compensation payments made by agencies in the Arizona Industrial Commission, similar in other states concerning workers injured on the job, are counted as unearned income.
- 26) Insurance payments or benefits shall be counted as unearned income in accordance with the following:
 - a. Insurance payments made directly to the insured shall be counted;
 - b. Insurance payments designated as payment for a specific bill, debt, or estimate shall be counted; and
 - c. Insurance benefits that are used for, or are intended to meet, basic daily needs shall be counted.
- 27) Interest, Dividend, and Royalty payments are made directly to the individual (i.e., interest from checking or savings accounts). Funds left on deposit or converted into additional securities shall be considered a resource and not counted as income.
- 28) Japanese American Restitution Payments are excluded.
- 29) Lease or Royalty from Indian Land. On some reservations, individuals own or are allotted part of the reservation land that they may lease to others depending on the agreement with the tribe or stipulations on the land. In addition, in some areas, an individual family may own land that is not part of the reservation, in which case the family may lease the land. All of these land lease situations shall be treated as follows:
 - a. All land lease income shall be counted; and
 - b. The frequency of the land lease income varies, as follows:
 - i. Land lease income shall be counted when it is received by the BIA and posted to the individual's account, making the funds available for pick-up by the individual;
 - ii. If land lease income is available every month, the income shall be counted monthly;
 - iii. Land lease income that is received less frequently than monthly shall be considered income at the time it is available; and

- iv. Funds in the BIA account prior to the month of application shall be counted as a resource and not as income. All deposits of land lease monies made after the application date are counted as income.
- 30) Insurance Award/Legal settlements, less attorney's fees, shall be counted as unearned income (i.e., lump sum compensation).
- 31) Loans. Money received from a private individual, commercial institution, or educational institution when repayment is expected and promised. A loan may be documented or may be based on a verbal agreement. A loan is differentiated from a gift or contribution because the person who made the loan expects repayment within an amount of time agreed upon.
 - a. Title XIX (Medicaid) excludes loans from unearned income (See Interest and Dividends for loan repayment);
 - b. Title XXI (Kids Care) counts all loans as unearned income except for certain educational loans.
- 32) Mortgages and Sales Contracts. Payments received from mortgages or sales contracts shall be considered unearned income for the amount of payment, which is interest.
- 33) Nonrecurring cash gifts that do not exceed \$30 per person in any calendar quarter are excluded.
- 34) Prizes, awards, and lottery winnings may be earned income (food, clothing, shelter, and non-cash items are excluded from unearned income).
- 35) Radiation Exposure Compensation Payments are excluded.
- 36) Railroad Retirement benefits shall be counted as unearned income.
- 37) Reimbursement for work-related expenses that do not exceed the actual expense amount are excluded.
- 38) Relocation Payments are excluded.
- 39) Rental Income. Income generated solely from rental payment, and not for services provided, shall be counted as unearned income.
- 40) Reparation Payments to Holocaust Survivors are excluded.
- 41) Retirement Income, Pensions and Annuities shall be counted as unearned income.
- 42) Ricky Ray Hemophilia Relief Fund Act of 1998 payments are excluded.
- 43) Social Security Administration (SSA) Benefits.
 - a. SSA Benefits (sometimes referred to as RSDI--Retirement Survivors, and Disability Insurance) are granted to eligible wage earners and/or to their dependents or survivors.
 - b. SSA Educational Benefits for persons 18 to 22 years of age who are full-time students.
 - c. When RSDI Benefits are paid to a representative payee on behalf of a member of the applicant/family and the payee

lives in the same household as the applicant/family, the RSDI Benefits shall be counted as income. When the representative payee does not live in the household, the RSDI Benefits shall be counted only to the extent that the payee makes them available for the support of the beneficiary.

- 44) Spina Bifida Payments are excluded.
- 45) Stocks sold shall be counted as unearned income.
- 46) Strike pay shall be counted as unearned income.
- 47) Supplemental Security Income (SSI). Payments to aged and disabled individuals whose other income is below the Federal Benefit Rate and who also meet other requirements. The SSI amount added to the amount of the other income less certain deductions equals the Federal Benefit Rate (FBR).
 - a. SSI may be paid to a representative payee on behalf of the entitled person. When SSI is paid to a representative payee follow the procedure used for Social Security benefits paid to a representative payee.
 - b. A child who receives SSI has Medicaid coverage and is therefore ineligible for Kids Care. When a person receiving SSI is living in a Kids Care Income Group the SSI income is counted as unearned income for Title XXI (Kids Care) and excluded for Title XIX (Medicaid).
 - c. SSI designated account and interest earned on the account is excluded.
- 48) TANF income, which is counted as unearned income, is excluded.
- 49) Tax Refunds. Federal and State income tax refunds including any portion identified as Earned Income Tax Credit (EITC) shall be disregarded as income.
- 50) Trust Funds. All payments received by the individual/family from a trust fund shall be counted as unearned income.
- 51) Unemployment Insurance (UI) Benefits, which is unearned income, shall be considered to be received by an individual on the third postal workday following the date benefits are mailed.
 - a. A postal workday is any day other than a Sunday or Federal holiday.
 - b. The first day is the first postal work day following the mailing date.
- 52) Vendor payment made by an organization or person who is not a member of the family or MED unit, to a third party to cover family expenses is excluded.
- 53) Veteransø Administration Benefits (VA). Payments to veterans, their dependents, or survivors. Includes Retirement, Survivors, and Disability Benefits and pension adjustments for medical

expenses. VA adjustment for medical expenses may be included on the check with the pension.

- a. Title XXI (Kids Care) counts all VA benefits as unearned income.
 - b. Title XIX (Medicaid) excludes from unearned income the portion of the pension payments, which are an adjustment for medical expenses. This adjustment includes VA Aid and Attendance. The remainder of the pension check is treated as unearned income.
- 54) Volunteersø Cash Compensation. Payments to volunteers in some government programs to help cover expenses they incur by volunteering. The amount must be less than the Federal Minimum wage. These programs include:
- a. Volunteers in Service to America (VISTA);
 - b. ACTION; and
 - c. Older Americans Act programs.
- If the volunteer cash compensation is less than the federal minimum wage, the entire amount of compensation is excluded from unearned income. If the amount of compensation is greater than or equal to the federal minimum wage, the amount is treated as wages (see Section 20.531, #15.)
- 55) VISTA income shall be excluded if it does not exceed the State or Federal minimum wage, whichever is greater.
- 56) Winnings from bingo or any other form of gambling shall be counted as unearned income.
- 57) WIC Payments are excluded.

3. Earned Income

Earned income is defined as either cash or in-kind income received from the receipt of wages, salaries, commissions, or profit from activities in which an individual is engaged as a self-employed person or an employee. The following list includes sources of earned income, which shall be counted in the month of receipt. The list also includes exclusions or other treatment of earned income amounts that vary depending on whether the program applied for is Title XIX or Title XXI. The following list is not all-inclusive.

- 1) Arizona Training Program. Salaries to handicapped persons working in a sheltered workshop situation are considered earned income.
- 2) Arizona Works! Program. Earnings from the Arizona Works! Sponsored on-the-job training; or Public Service Employment or from full or part-time job entries resulting out of participation in Arizona Works, except work incentive payments and

- reimbursements for training related expenses, are counted as earned income.
- 3) Babysitting or Child Care Income. Earnings from babysitting, including DES Day Care, is counted as earned self-employment income. Any income from the Child Care Food Program is disregarded.
 - 4) Blood and Plasma Sales. Earnings from these sales are considered earned self-employment income.
 - 5) Can or Bottle Collections and Sales. Earnings from these sales are considered earned income.
 - 6) Contract Income. Earnings received by individuals employed on a contractual basis (including school employees who are paid on a regular schedule for nine months on a twelve-month contract) are counted as earned income.
 - 7) Housekeeper or Home Health Aides. Income earned as a housekeeper or home health care aide is counted as earned income.
 - 8) In-Kind Income. The value of any item, which the individual receives in return for labor expended, is counted as earned income.
 - 9) Job Opportunity and Basic Skills Training (JOBS). JOBS is a group of programs, including On-the-Job Training (OJT), Work Supplementation, Community Work Experience Program (CWEP), and other programs designed to help participants rejoin the workforce. Participants may receive wages for full or part-time job participation which is counted as earned income. Reimbursement for training-related expenses is excluded.
 - 10) Job Training Partnership Act (JTPA):
 - a. Income is counted as earned income for Title XXI (Kids Care).
 - b. For Title XIX, the treatment of income is dependent on the student's status; Title XIX excludes income earned through JTPA by a student. A Job Corps participant in JTPA is always considered a student. If the JTPA participant is not a student, exclude income earned through JTPA for the first six months that the earnings are received during the calendar year. The six months do not have to be consecutive to qualify for this exclusion.
 - 11) Jury Pay is counted as earned income.
 - 12) Rental Income. Earned rental income includes any monies, less expenses, received from rental property when work is involved.
 - a. Work may include, but is not limited to, managing rental property requiring maintenance, collection of rent, or accounting functions.
 - b. If the individual does not work to maintain the property or records, rent is considered unearned income.

- 13) Self-Employment. Earned self-employment income includes income derived from a business enterprise such as, but not limited to, taking in roomers or boarders, ranching, farming, swap meet sales, cosmetic sales, babysitting, blood and plasma sales, janitorial services, guiding for hunting, or fishing or any wholesale or retail sales. An explanation of how to determine the applicable gross income to be used in the CRS member payment responsibility calculation follows:
 - a. Gross business receipts are the total cash received from the business activity. This is the income before business expenses are deducted.
 - b. Business expenses, sometimes called "overhead" expenses, include all expenses related to the production of goods and/or services. Allowable expenses include, but are not limited to:
 - i. Costs of stocks or inventories;
 - ii. Costs of operating machinery or equipment;
 - iii. Rent, mortgage payments or property taxes on the business property (Note: only the interest on mortgage payments is an allowable expense; the principal is not an allowable expense);
 - iv. Salaries paid to employees, as well as employer-paid benefits;
 - v. Insurance; and
 - vi. Advertising
 - c. The following are not deductible as business expenses:
 - i. Depreciation, unless declared for Federal income tax purposes;
 - ii. Federal, state, or local income tax payments;
 - iii. Entertainment expenses;
 - iv. Personal transportation (including but not limited to transportation to and from work);
 - v. Cost of purchasing capital equipment; and
 - vi. Payments on the principal of loans.
 - vii. Gross business receipts less business expenses equal the profit. The profit is the amount to be used in counting income.
- 14) Summer Youth Employment and Training Program (SYETP) Payments.
 - a. Title XXI (Kids Care) counts the income as earned income; and
 - b. Title XIX (Medicaid) excludes the income.
- 15) Work Study Program Income of College Students-Educational benefits paid to a college student.

- a. For both Title XIX and Title XXI, the payments are excluded as earned income when funded by the U.S. Department of Education;
 - b. When the funding is from any other source, the payments are counted as wages; and
 - c. See Educational Benefits also.
- 16) Vocational Rehabilitation sponsored on-the-job training is excluded as earned income.
- 17) Wages. Gross earnings from employment, prior to any deductions, garnishments, allowances or adjustments, are counted as earned income. Special benefits or deductions connected with employment earnings include:
- a. Advances, bonuses and commissions;
 - b. Reimbursements - The amount of a reimbursement from an employer for a job-related expense which is in excess of the actual expense is counted as earned income;
 - c. Sick pay and vacation pay; and
 - d. Tips. The actual amount of tips received is counted as earned income

4. Deductions from Income

- A. There are certain deductions from income that are allowed when determining potential eligibility for Title XIX (Medicaid or ALTCS) and Title XXI (Kids Care) programs. These allowances include deductions for dependent care and cost of employment.
- 1) Dependent Care:
If the household income group received earned income and anticipates receiving earned income for the next 12 months, a deduction may be taken for the care of a child or incapacitated adult if written proof of the disability or incapacitation is provided. Both the individual receiving the earned income and the individual receiving care must live in the family household.
- a. Child Care:
This is the cost paid to any babysitter or day care provider with the following requirements:
- i. If the wage earner is employed on a full-time basis (86 hours or more per month), up to \$200.00 per month per child less than two years of age will be deducted and up to \$175.00 per month per child age two or older will be deducted.

- ii. If the wage earner is employed on a part-time basis (less than 86 hours per month), up to \$100.00 per month per child less than two years of age will be deducted and up to \$88.00 per month per child age two or older will be deducted.
 - b. Incapacitated Adult Care:
This includes costs paid to a provider for the care of an incapacitated adult. "Incapacity" is to be determined by a licensed physician or psychologist. A signed and dated statement is required.
 - i. If the wage earner is employed on a full-time basis (86 hours or more per month), up to \$175.00 per month will be deducted.
 - ii. If the wage earner is employed on a part-time basis (less than 86 hours per month), up to \$88.00 per month will be deducted.
- 2) Cost of Employment:
For any employed individual or parent whose earned income is to be included in the household adjusted gross income, \$90.00 may be deducted from earnings each month for the cost of employment to compensate for job-related personal expenses such as transportation, uniforms, and mandatory payroll deductions.
- B. If the medically qualified applicant or member is ineligible for federally funded programs such as Title XIX or Title XXI programs, they may take additional deductions from their income when determining ADHS/CRS member payment responsibility. These are additional deductions allowed by CRS that are not allowed for Title XIX or Title XXI. These deductions should be taken from income only when the applicant or member is not being referred to Title XIX or Title XXI programs.
 - 1) Health insurance premiums paid by the household income group within the previous twelve (12) months.
 - 2) Unpaid medical and dental expenses incurred by any individual in the household income group prior to the date of application or at the time of a redetermination which are the household's financial responsibility and not subject to any applicable third party payment.
 - 3) Medical and dental expenses paid directly by the household income group for any household individual during the twelve (12) months prior to the date of application and not

subject to any applicable third party payment or reimbursement.

- C. When an applicant's gross annual income is at or below 200% of the Federal Poverty Level limit (FPL) amounts for income and family size, the CRS Regional Contractor shall not request additional information from the applicant to verify deductions from income.

5. Calculation of Household Adjusted Gross Annual Income

ADHS/CRS uses the adjusted gross annual income of the household income group to determine the payment responsibility for CRS services. The calculation of the adjusted gross annual income is completed in the following manner:

- 1) Determine the total income of the household income group. The total income includes both earned income and unearned income. The CRS Regional Contractor must use the ADHS/CRS provided "Member Payment Responsibility Worksheet" to assist in documenting this calculation.
- 2) For a household whose individuals receive wages or salaries, calculate the annual wage by multiplying the frequency of pay periods in one year by the amount received in each pay period. For example, if the individual receives \$500 every two weeks, the annual wage is \$500 x 26 pay periods in one year for a total wage of \$13,000.
- 3) For a household whose individuals are self-employed or seasonal workers, use the previous year's annual earned income as the total earned income. If the self-employed individual was not self-employed for a full year, calculate annual earned income based upon those months of income since self-employment began.
- 4) Determine cost of dependent care and the cost of employment deductions for the past 12 months. Refer to Section 20.603, 4., Deductions from Income.
- 5) The adjusted gross annual income of the household income group equals the earned income plus the unearned income minus the annual allowable deductions from income.
- 6) If the applicant is not potentially eligible for federally funded programs such as Title XIX or Title XXI programs, additional deductions may be taken for paid and unpaid medical expenses and health insurance premiums.
- 7) The adjusted gross income is compared to the member payment responsibility standards.

20.604 Member Payment Responsibility Standards

1. When the CRS Regional Contractor identifies a CRS member as having private health insurance they shall ensure collection of payment for CRS Services as defined in below and in Section 50.300 of this policy manual.
2. If a CRS member enrolled in AHCCCS with no private insurance refuses services from CRS, a letter will be sent to the member/guardian informing them that they may be financially responsible in accordance with AHCCCS regulations regarding billing for unauthorized Services.
3. Title XIX and Title XXI members with private insurance are not required to receive services from CRS.
4. The following CRS members shall not pay for CRS services:
 - A. Wards of the state or court;
 - B. DES adoption subsidy children;
 - C. DES/CMDP foster children;
 - D. AHCCCS (Title XIX and XXI) members; and
 - E. State Only Members with an adjusted gross household income of less than or equal to 200% of the current Federal Poverty Level amount for income and family size.
5. State Only members with insurance who have an adjusted gross household income of greater than 200% of the current Federal Poverty Level amount for income and family size shall pay:
 - A. Co-payments, excluding CRS Regional Clinic visits and Outreach Clinic visits;
 - B. Deductibles according to the individual's insurance requirements; or
 - C. 100% of the following rates if the member's insurance denies due to out of network or non-covered services:
 - 1) The AHCCCS hospital per diem rates for all inpatient hospital services;
 - 2) The AHCCCS hospital outpatient cost to charge ratio for all hospital outpatient services; and
 - 3) The AHCCCS fee schedule for all physician and supplier services.
6. State Only Members Without Health Insurance
The following categories of members without health insurance coverage shall pay as follows:

- A. A member who has an adjusted gross household income of less than or equal to 200% of the current FPL limit amount for income and family size.
- B. A member who has an adjusted gross household income of greater than 200% of the current FPL limit amount for income and family size 100% of the following rates:
 1. The AHCCCS hospital per diem rates for all inpatient hospital services;
 2. The AHCCCS hospital outpatient cost to charge ratio for all hospital outpatient services; and
 3. The AHCCCS fee schedule for all physician and supplier services.
7. The CRS Regional Contractor shall ensure that a member is not denied services because of the member's inability to pay a co-payment or deductible.

20.605 Member Payment Agreement and/or Assignment of Benefits

1. Every non-AHCCCS applicant, or if the applicant is a minor, the parent of the non-AHCCCS applicant shall complete and sign a member payment agreement that acknowledges and accepts his/her financial responsibility;
2. Every applicant (AHCCCS and Non-AHCCCS) shall sign an agreement to assign benefits to CRS as follows:
 - A. Assignment of insurance benefits to ADHS/CRS and CRS providers;
 - B. Agreement that any monies received by the member as a court award or settlement of a claim which provides for the medical care of the member shall be used to pay CRS providers for care which is authorized and provided;
 - C. Agreement that when any insurance benefits, court awards, claim settlements or other third party benefits are available, they shall be exhausted before ADHS/CRS funds shall be used to provide care for the member, or shall be used to reimburse ADHS/CRS or the CRS Regional Contractor for all care provided to the member; and
 - D. Agreement that if the member receives and converts any benefits described by this subsection to the member's personal use and not for payment of the member's CRS services, the member shall be personally responsible for the payment of the services for which the benefits were intended to pay.

3. Signing Authority for Non AHCCCS members
 1. A parent must sign the ADHS/CRS Payment Agreement for a minor child under 18 years old. When the applicant is a married or unmarried individual over 18 years old, the parent or guardian may sign the ADHS/CRS Payment Agreement if the parent or guardian is exercising financial responsibility for the care and control of the applicant.
 2. The CRS applicant or applicant's spouse over 18 years old may sign the ADHS/CRS Payment Agreement if the applicant or spouse is exercising the financial responsibility for the care and control of the applicant.

20.700 Initial Medical Evaluation

1. If a CRS Regional Medical Director or designee makes a preliminary determination that an applicant is medically eligible for CRS and the applicant seeks to enroll in CRS, the applicant shall attend a CRS clinic for an initial evaluation for medical determination.
2. If a CRS physician determines that further diagnostic testing is required before a determination of medical eligibility can be made, the CRS Regional Contractor shall:
 - A. If not enrolled in Title XIX (DES) or Title XXI (Kids Care), ensure that applicant/parent understands their payment responsibilities prior to any diagnostic testing being done and that the applicant/parent signs a member payment responsibility agreement. If the applicant/parent does not sign a member payment responsibility agreement, the CRS Regional Contractor shall inform the applicant/parent that the diagnostic testing cannot be ordered and then sends a written notice of withdrawal to the applicant/parent.
 - B. If the applicant has insurance, Title XIX (DES), or Title XXI (Kids Care) that covers the diagnostic testing the CRS physician shall:
 - 1) Request the applicant have the diagnostic testing completed through the insurance company and have the results of the diagnostic testing sent to CRS;
 - 2) Assist the applicant by working with the applicant's insurance company to obtain prior authorization of services, billing and collection from the third party payer and obtain the diagnostic results; and

- 3) Make a determination of medical eligibility after reviewing the diagnostic test results.
- C. If the applicant does not have insurance that covers the required diagnostic testing or is not a Title XIX or Title XXI recipient, the CRS Regional Contractor shall:
 - 1) Order the required diagnostic testing; and
 - 2) Make a determination of medical eligibility after reviewing the diagnostic test results.
- D. If a CRS Regional Contractor determines from the initial medical evaluation at a CRS clinic that an applicant who is Title XIX or XXI eligible is medically eligible for CRS, the CRS Regional Contractor shall consider the applicant enrolled in CRS on the day of the initial evaluation. If the applicant is not Title XIX or XXI on the day of the enrolling visit, he/she will not be eligible to receive any additional services from CRS until after the applicant complies with all enrollment requirements. Once all requirements are met, the CRS enrollment date shall correspond to the date of the medical eligibility determination.
- E. If a CRS Regional Contractor determines from the initial medical evaluation at a CRS clinic that an applicant is not medically eligible for CRS, the CRS Regional Contractor shall send a written notice of denial:
 - 1) To the applicant/parent and instruction on how to request an Administrative Hearing for denial of enrollment in CRS;
 - 2) To the referring physician; and
 - 3) To the ALTCS/ Acute Care Contractor when applicable.

20.800 Re-determination of Eligibility for Enrolled Members

1. At any time, the CRS Regional Contractor may request a member or, if the member is a minor, the member's parent to submit financial or non-medical information/documents for re-determination of eligibility.
2. At any time, a member or, if the member is a minor, the member's parent may request a re-determination of the member's payment responsibility by submitting to the CRS Regional Contractor a written request for re-determination.

3. The CRS Regional Contractor shall contact the member or parent within 30 days from receipt of the member or parent request to re-determine eligibility and schedule a financial interview.
4. The CRS Regional Contractor shall re-determine whether a member remains financially eligible for CRS and member's payment responsibility as follows:
 - A. If the member has previously been identified as Title XIX or Title XXI, the CRS Regional Contractor shall:
 - 1) Verify that the member remains Title XIX or Title XXI eligible;
 - 2) Provide the member a notice that informs the member that he/she remains eligible for CRS and includes a new CRS expiration date; and
 - 3) Not require a member payment agreement.
 - B. If a member is not currently Title XIX /XXI eligible, the member, or member's parent if the member is a minor, will need to re-apply with the appropriate agency and/or fill out a financial application along with completing an interview with the CRS Regional Contractor.
 - C. If the member is classified as State Only and the net income (gross income minus allowable deductions) of the member's household group is more than 200% of the FPL, the CRS Regional Contractor shall:
 - 1) Notify the member or parent before 45 days of the CRS member's expiration date; and
 - 2) If the member or parent has maintained a net income above the 200% FPL, have the member sign and return to the CRS Regional Contractor a new Member Payment Agreement form within 30 days of the notice; or
 - 3) If the member or parent has not maintained a net income above the 200% FPL, ask the member to schedule a financial interview to determine the member's payment responsibility within 30 days of the notice.
 - 4) If the CRS Regional Contractor re-determines that a State Only member remains eligible for CRS, the CRS Regional Contractor shall provide the member with a notice that the member remains eligible for CRS and includes a new CRS expiration date.

20.900 Termination of Enrollment

1. Per A.A.C. R9-7-306, a CRS Regional Contractor shall terminate a member's enrollment in CRS if one of the following occurs:
 - A. The CRS Regional Contractor determines that the member no longer meets the medical and/or any of the non-medical eligibility requirements for CRS;
 - B. The member does not enroll in Title XIX or Title XXI federally funded program after a determination has been made by the program that the member is eligible for enrollment in the program;
 - C. A member who enrolls in a Title XIX or Title XXI program does not remain enrolled in the federally funded program while eligible for the federally funded program;
 - D. The member or, if the member is a minor, the member's parent requests a termination of CRS services/enrollment. (If the member is a TITLE XIX/XXI recipient and does not have third party insurance, the Regional Contractor shall advise the member of the financial implications of termination and refer her to her ALTCS/Acute Care Contractor);
 - E. A State Only member or, if the member is a minor, the member's parent, fails to comply with the signed payment agreement or submission requirements, when applicable; or
 - F. A State Only member or, if the member is a minor, the member's parent, fails to provide documentation or information requested by a CRS Regional Contractor within defined timelines; or
 - G. A State Only member, or parent if the member is a minor, does not complete a re-determination before the expiration date of the member's CRS enrollment.
2. If a CRS Regional Contractor terminates a member's enrollment in CRS, the CRS Regional Contractor shall:
 - A. Complete an ADHS/CRS clinic patient discharge form and place it in the individual's CRS medical record;
 - B. Update the member's medical record and notify ADHS/CRS of the member's termination via the eligibility update process;
 - C. Send a written dis-enrollment letter to the member or, if the member is a child, a parent of the member, including the Hearing Rights as defined in Section 20.1100; and

- D. Send a copy of the written notice of termination to the member's primary care provider, and health plan/program contractor if applicable.

20.1000 Archiving CRS Financial Enrollment Records

1. CRS members actively enrolled in CRS shall have all their financial enrollment records maintained at all the CRS Regional Sites where services are being provided.
2. CRS members who are terminated from CRS shall have their financial enrollment records maintained at the regional site for a minimum of three (3) years.
3. Regional Contractor(s) may submit terminated CRS member financial enrollment records, after three (3) years, to the State Archives.
4. CRSA shall retain the records in the State Archives in accordance with its internal policy and as required by its contract with AHCCCS.

20.1100 Applicant Eligibility Hearing Process

Applicant Rights

1. The CRS Regional Contractor shall allow an applicant the right to:
 - A. A State Administrative Hearing for denial of enrollment in CRS.
 - B. Copies, at the applicant's expense, of any relevant document not protected from disclosure by law.

Who May File

1. An applicant in response to an adverse action taken by a CRS Regional Contractor may request a State Administrative Hearing.
2. An authorized representative, including a provider, acting on behalf of the applicant, with the applicant's written consent, may request a State Administrative Hearing.

Time Frame for Requesting a Hearing

1. An applicant or authorized representative shall submit a written request for a State Administrative Hearing to ADHS/CRS within 30 days of receiving the Notice of Action. The request shall contain the applicant's name, the adverse action taken by a CRS Regional Contractor, and the reason for the State Administrative Hearing request.

Notice of Hearing

1. ADHS/CRS shall mail a Notice of Hearing under A.R.S. § 41-1092.05 if the request for a State Administrative Hearing is timely and contains the information listed below.
2. The Notice shall contain:
 - A. A statement of time, place and nature of the hearing.
 - B. A statement of the legal authority and jurisdiction under which the hearing is to be held.
 - C. A reference to the statutes and rules involved.
 - D. A short plain statement as to the matters in question.
 - E. The scheduled date for the hearing may be advanced or delayed n a showing of good cause or on agreement by the parties involved.

Notice of Hearing Decision

1. ADHS/CRS shall mail a Decision to the applicant, member, or authorized representative no later than 30 days after the date of the Administrative Law Judge's recommended decision.

Denial of a Request for a State Administrative Hearing

1. ADHS/CRS shall deny a request for a State Administrative Hearing upon written determination if:
 - A. The request for a State Administrative Hearing is untimely;
 - B. The request for a State Administrative Hearing is not for an adverse action permitted under this policy;
 - C. The request for a State Administrative Hearing is moot based on the factual circumstances of the case; or
 - D. The sole issue presented is a federal or state law requiring an automatic change adversely affecting some or all applicants.

Withdrawal of a Request for a State Administrative Hearing

1. ADHS/CRS shall accept a written request for withdrawal from the applicant, member, or authorized representative if a Notice of Hearing has not been mailed.
2. If ADHS/CRS has mailed a Notice of Hearing, AHCCCS or ADHS/CRS shall forward the written request for withdrawal to the Office of Administrative Hearings (OAH).

Motion for Rehearing or Review

1. Under A.R.S. § 41-1092.09, ADHS (for non-Title XIX and non-Title XXI members) or AHCCCS (for Title XIX and Title XXI members) shall grant

a rehearing or review for any of the following reasons materially affecting an applicant's or member's rights:

- A. Irregularity in the proceedings of a State Administrative Hearing that deprived a petitioner of a fair hearing;
- B. Misconduct of ADHS, AHCCCS, OAH, or a party;
- C. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
- D. The decision is the result of passion or prejudice;
- E. The decision is not justified by the evidence or is contrary to law; or
- F. Good cause is established for the nonappearance of a party at the hearing.

20.1200 No-Show

20.1201 No-Show Applicant Appointments

If an applicant fails to attend an initial medical evaluation appointment, the CRS Regional Contractor shall follow these steps:

- A. Contact the applicant/family by phone or letter to reschedule the appointment. If the applicant/family does not respond after two attempts to contact (with at least 48 hours between attempts), a letter must be sent to the applicant/family indicating that their CRS application will not be processed if the initial medical evaluation appointment is not rescheduled.
- B. For a second missed appointment, follow the steps in A. above. For applicants who are AHCCCS members, the AHCCCS Health Plan/Program Contractor must be notified of the applicant's no-shows for two scheduled initial medical evaluation appointments.
- C. For a third missed appointment, the applicant/family and the AHCCCS Health Plan/Program Contractor, if applicable, must be notified by letter of the termination of the application and the methods by which to re-apply.
- D. CRS must document all attempts to contact the applicant/family.
- E. If after any attempts made to contact the applicant there is no response within thirty (30) days, the CRS Regional Contractor shall notify the applicant/family and the AHCCCS Health Plan/Program Contractor of the termination of the application and the methods by which to re-apply.

20.1202 No-Show Member Appointments

If a member fails to attend an appointment, the CRS Regional Contractor shall follow these steps:

- A. Per Section 20.900, Termination of Enrollment, the CRS Regional Contractor cannot terminate a member for no-show appointments.
- B. Contact the member/family by phone or letter to reschedule the appointment. If the member/family does not respond after two attempts to contact (with at least 48 hours between attempts), a letter must be sent to the member/family requesting to reschedule the appointment.
- C. For a second missed appointment, follow the steps in B. above. For applicants who are AHCCCS members, the AHCCCS Health Plan/Program Contractor must be notified of the member's no-shows for two scheduled appointments.
- D. For a third missed appointment, the member/family and the AHCCCS Health Plan/Program Contractor, if applicable, must be notified by letter that the member/family needs to contact the CRS clinic to reschedule the appointment or contact the CRS clinic to receive services.
- E. If after any attempts to contact the member/family there is no response within thirty (30) days, the CRS Regional Contractor shall provide notice to the member/family and the AHCCCS Health Plan/Program Contractor that the member/family needs to contact the CRS clinic to reschedule an appointment.
- F. If CRS eligible members, who have no primary insurance or Medicare, refuse to receive CRS covered services through the CRS program, the CRS Regional Contractor must send written notification to the member informing them that the member may be responsible to pay for those services received outside of the CRS program. The non-CRS provider may bill the member in accordance with AHCCCS regulations regarding billing for unauthorized services.
- G. CRS must document all attempts to contact the member/family.

Attachment A

**Children's Rehabilitative Services (CRS)
Referral Application Process
Turn Around Document (TAD)**

Number of Pages including Cover: _____

Date sent to DES: _____ CRS Patient Name: _____

To DES Contact:	From CRS Contact:	To CRS Contact:
FAX Number <i>(Include Area Code):</i>	FAX Number <i>(Include Area Code):</i>	FAX Number <i>(Include Area Code):</i>
Phone No <i>(Include Area Code):</i>	Phone No <i>(Include Area Code):</i>	Phone No <i>(Include Area Code):</i>

Verification Documents	List the document used for verification
Residence	
Identity	
Citizenship	
Alien Status (when applicable)	
Social Security Number	
Dependent Care Expense	
Income	
Include Copy of Application	Date of Application:

To Be Completed by DES and Returned to Children's Rehabilitative Services	
Case Name:	Case Number:

Date TAD/Documents Received at DES:	Effective Date of Eligibility:	Application Denied . Reason:	
Date Notice Sent to Applicant:	Eligible Name:	Phone No:	Site Code:

**Completion Instruction for
Children's Rehabilitative Services (CRS) Referral Process
Turn Around Document (TAD)**

- A. Purpose. This form will enable the CRS provider and Department of Economic Security (DES) staff to transmit information for the Medical Assistance eligibility process. It will also enable the provider to identify the information used to verify the factors of eligibility being sent to DES. This form will also provide a means for DES staff to send the Medical Assistance determination information to the provider.
- B. Completion. All items are self-explanatory except the following:
1. The provider completes the top portion.
 2. The DES local office completes the portions marked **To Be Completed By DES and Returned to Children's Rehabilitative Services**.
- Complete a systems check to determine whether the applicant has an ACTIVE, INACTIVE, or PENDING case.
- If the case is **DENIED**, enter the specific reason for denial. The reason code is **not** acceptable.
- C. Routing. FAX to the DES local office.
- D. Retention. Retain in accordance with the provider's and DES policies and procedures.